

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) L. Ann Sandgeroth Davis Family Comb E Office (if applicable) _____ District (if applicable) _____
 Mailing Address (include city and zip code) 1509 S. Eastern Ave Las Vegas, NV 89104 Telephone No. 702 382 2288
 E-Mail Address _____

Select Appropriate Box(es) ☐ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ **Annual Filing - Due January 15, 2004**
 Period: January 1, 2003 - December 31, 2003

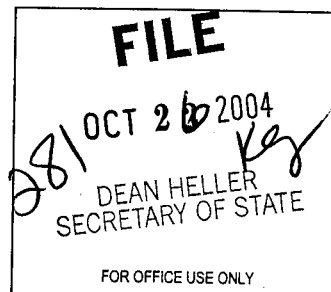
☐ **Report #1 - Due August 31, 2004**
 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug 26, 2004
 All others Period: Jan. 1, 2004 - Aug. 26, 2004
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004

☒ **Report #2 Due - October 26, 2004**
 Period: Aug. 27, 2004 - Oct. 21, 2004

☐ **Report #3 Due - January 15, 2005***
 Period: Oct. 22, 2004 - Dec. 31, 2004
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ **Annual Filing - Due January 15, 2005**
 Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative
From Beginning
of Report Period
#1 through End
of This
Reporting
Period

0	1000
0	375

3. Total Amount of Monetary Contributions Received
(Add Lines 1 and 2)
4. Total Value of In Kind Contributions Received in Excess of \$100

This Period

Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

0	1375
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EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100
6. Total Monetary Expenses Paid of \$100 or Less
7. Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)
8. Total Value of In Kind Expenses in Excess of \$100

3153	28850
0	1385
3153	25235

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature L. Ann Sandgeroth Davis

Date

10-21-04

#2

Name (print)

Office (if applicable)

District (if applicable)

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary**

[illegible]

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CAMPAIGN EXPENSES

 Report Period # 2

Name (print)

Lillian Jendryth Davis

Office (if applicable)

Family Comb

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period # 2Name (print) Lillian Sondyuth Davis

Office (if applicable)

District (if applicable) Family Court E

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Clean Channel	D		3153. ²⁹

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Report Period # 2

IN KIND

[illegible]

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